Spanish Peaks Regional Health Center: 91

Total Number of English Surveys =

1. Age

Under 15	15-17	18-19	20-24	25 and Over	Blank	N/C
3	9	4	15	19	0	0
6%	18%	8%	30%	38%	0%	0%

2. How Long Had to Wait to Get Appointment

No Wait	Next Day/1 Day	2-7 Days	1-2 Weeks	More than 2 Weeks	Blank	N/C
30	3	6	6	5	0	0
60%	6%	12%	12%	10%	0%	0%

3. Wait Time Was Acceptable

Yes	No	Does Not Apply	Blank	N/C
42	0	8	0	0
84%	0%	16%	0%	0%

4. Clinic Open During Times Easy to Have an Appointment

Yes	No	Does Not Apply	Blank	N/C
50	0	0	0	0
100%	0%	0%	0%	0%

5. Had to Miss School/Work for Appointment

Yes	No	Does Not Apply	Blank	N/C
5	45	0	0	0
10%	90%	0%	0%	0%

6a. Treated with Respect and Courtesy When Making Appointment

Yes	No	Blank	N/C
49	1	0	0
98%	2%	0%	0%

6b. Treated with Respect and Courtesy When Providing Financial Information

Yes	No	Blank	N/C
49	1	0	0
98%	2%	0%	0%

6c. Treated with Respect and Courtesy During Counseling and Education Time

Yes	No	Blank	N/C
48	2	0	0
96%	4%	0%	0%

6d. Treated with Respect and Courtesy During My Physical Exam

Yes	No	Blank	N/C
50	0	0	0
100%	0%	0%	0%

6e. Treated with Respect and Courtesy Checking Out at End of Visit

Yes	No	Blank	N/C
49	0	1	0
98%	0%	2%	0%

7a. During My Exam/Education with Provider, Had Enough Privacy

Yes	No	Blank	N/C
50	0	0	0
100%	0%	0%	0%

7b. During My Exam/Education with Provider, Exam/Procedures Were Explained to Me

Yes	No	Blank	N/C
50	0	0	0
100%	0%	0%	0%

7c. During My Exam/Education with Provider, Results of Exam/Procedures Were Explained to Me

Yes	No	Blank	N/C
50	0	0	0
100%	0%	0%	0%

7d. During My Exam/Education with Provider, Given the Chance to Ask Questions

Yes	No	Does Not Apply	Blank	N/C
49	0	1	0	0
98%	0%	2%	0%	0%

7e. During My Exam/Education with Provider, Questions Answered to My Satisfaction

Yes	No	Does Not Apply	Blank	N/C
47	0	3	0	0
94%	0%	6%	0%	0%

8. Received the Birth Control Method You Wanted

Yes	No	Does Not Apply	Blank	N/C
40	1	5	3	1
80%	2%	10%	6%	2%

9. If Not, Why Did Not Receive Preferred Method

Don't Know	Method Unavailable	Health Problems Prevented Me
0	1	0
0%	2%	0%
Other	Blank	N/C
0	0	0
0%	0%	0%

9txt. Other:

Client Survey Summary by Facility: Colorado

English

10. Other Birth Control Method Received is OK with You

Yes	No	Does Not Apply	Blank	N/C
1	0	0	0	0
2%	0%	0%	0%	0%

10txt. If no, why is it not OK with you?

11. Was Told How to Use Birth Control Method

Yes	No	Does Not Apply	Blank	N/C
40	0	3	0	0
80%	0%	6%	0%	0%

12. Was Told about the Benefits and Possible Side Effects

Yes	No	Does Not Apply	Blank	N/C
40	0	3	0	0
80%	0%	6%	0%	0%

13. Was Told What to Do if I Had Problems with Method

Yes	No	Does Not Apply	Blank	N/C
39	1	3	0	0
78%	2%	6%	0%	0%

14. Received Written Materials about Method's Use/Benefits/Possible Side Effects

l	Yes	No	Does Not Apply	Blank	N/C
ı	38	1	4	0	0
ı	76%	2%	8%	0%	0%

15. Someone Spoke to Me about HIV/AIDS during My Visit

Yes	No	Blank	N/C
40	10	0	0
80%	20%	0%	0%

15a. Understood the HIV/AIDS Information Received

Yes	No	Blank	N/C
38	0	2	0
76%	0%	4%	0%

16. Would Recommend This Clinic to a Friend/Partner Seeking Services

Highly Recommend	Somewhat Recommend	Not Sure Would Recommend	Would Not Recommend	Blank	N/C
48	1	1	0	0	0
96%	2%	2%	0%	0%	0%